

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

Benjamin Heston
Bar Number: 297798
Nexus Bankruptcy
100 Bayview Circle #100
Newport Beach, CA 92660
Phone: (951) 290-2827
Email: ben@nexusbk.com

FOR COURT USE ONLY

- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Riverside Division**

In re:
Joseph Duaine Vargas

CASE NO.:

CHAPTER: 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 10/27/2023

Joseph Duaine Vargas
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
09-231842

DIRECT DEPOSIT ADVICE

AMOUNT DEPOSITED

DOLLARS	CENTS
\$*3403	.33

TO J D VARGAS

291-263
AGENCY UNIT*NOT
NEGOTIABLE*MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

J D VARGAS

SOC SEC NO 3500

AGY/UNIT 291-263 PAY PERIOD 08/23

DIRECT DEP # 09-231842

TAX YEAR 23 ISSUE DATE 09/01/23

BANK TRANSIT [REDACTED]

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	5059.00	4415.35	1655.67	3403.33
YEAR-TO-DATE ¹	39332.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
REGULAR			5059.00	FEDERAL TAX	373.01
				STATE TAX	140.37
				*RETIREMENT	386.41
				*OPEB	177.07
				SOC SEC	297.71
				MEDICARE	69.63
				CASDI	43.22
				*BLUSHLDTRI	71.71
				*PREMACCESS	.00
				VISION-VSP	.00
				SEIU1000D	77.89
				*VSPPREMIER	8.46
				ARAG GROUP	10.19

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMNT	SOC SEC	HLTH/FLEX
1618.88	297.71	702.93
MEDICARE	VISION	OPEB
69.63	8.27	177.07

7/23 BEGIN	BAL	CREDIT	USED	MISC	8/23 BEGIN
ANNUAL	46.00	11.00	16.00	0.00	41.00
SICK LV	40.00	0.00	0.00	0.00	40.00
PH		WAITING PERIOD ENDS	07/16/23		
TRNG/DEV	0.00	0.00	13.00	0.00	13.00

*THE ANNUAL OPEN ENROLLMENT PERIOD IS 9/18-10/13/23. CONTACT YOUR EMPLOYER TO ENROLL OR MAKE CHANGES TO HEALTH, DENTAL, FLEXELECT, COBEN, AND GROUP LEGAL PROGRAMS. SHOP FOR HEALTH PLANS AT MY.CALPERS.CA.GOV. FOR PREMIER VISION CHANGES AND INFORMATION, CONTACT VSP AT STATEOFCAEMPLOYEE.VSPFORME.COM OR CALL 800-400-4569.

*IN CALIFIRNIA, IT'S IMPORTANT TO LOOK OUT FOR EACH OTHER. GET YOUR VACCINES, FLU, COVID-19, AND RSV FOR THOSE ELIGIBLE. VISIT YOUR DOCTOR OR MYTURN.CA.GOV TO GET VACCINATED TODAY.

CD 39A (Rev 08/00) ¹ Year-to-date gross on final earnings statement may not agree with W-2.

* Amounts which affect taxable gross

STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
09-598218

DIRECT DEPOSIT ADVICE

AMOUNT DEPOSITED

DOLLARS	CENTS
***31	42

TO J D VARGAS

291-263
AGENCY UNIT*NOT
NEGOTIABLE*MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

J D VARGAS

SOC SEC NO 3500

AGY/UNIT 291-263 PAY PERIOD 08/23

DIRECT DEP # 09-598218

TAX YEAR 23 ISSUE DATE 09/19/23

BANK TRANSIT [REDACTED]

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	50.00	50.00	18.58	31.42
YEAR-TO-DATE ¹	39382.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
TELEWRK REM			50.00	FEDERAL TAX	11.00
				STATE TAX	3.30
				SOC SEC	3.10
				MEDICARE	.73
				CASDI	.45

EMPLOYER CONTRIBUTIONS (current and adjustments)

SOC SEC	MEDICARE
3.10	.73

*THE ANNUAL OPEN ENROLLMENT PERIOD IS 9/18-10/13/23. CONTACT YOUR EMPLOYER TO ENROLL OR MAKE CHANGES TO HEALTH, DENTAL, FLEXELECT, COBEN, AND GROUP LEGAL PROGRAMS. SHOP FOR HEALTH PLANS AT MY.CALPERS.CA.GOV. FOR PREMIER VISION CHANGES AND INFORMATION, CONTACT VSP AT STATEOFCAEMPLOYEE.VSPFORME.COM OR CALL 800-400-4569.

*IN CALIFORNIA, IT'S IMPORTANT TO LOOK OUT FOR EACH OTHER. GET YOUR VACCINES, FLU, COVID-19, AND RSV FOR THOSE ELIGIBLE. VISIT YOUR DOCTOR OR MYTURN.CA.GOV TO GET VACCINATED TODAY.

CD 39A (Rev 08/00) ¹ Year-to-date gross on final earnings statement may not agree with W-2.

* Amounts which affect taxable gross

STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
09-744106

DIRECT DEPOSIT ADVICE

AMOUNT DEPOSITED

DOLLARS	CENTS
\$*3398	.33

TO J D VARGAS

291-263
AGENCY UNIT*NOT
NEGOTIABLE*MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

J D VARGAS

SOC SEC NO 3500

AGY/UNIT 291-263 PAY PERIOD 09/23

DIRECT DEP # 09-744106

TAX YEAR 23 ISSUE DATE 10/01/23

BANK TRANSIT [REDACTED]

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	5059.00	4415.35	1660.67	3398.33
YEAR-TO-DATE ¹	44441.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
REGULAR			5059.00		
				FEDERAL TAX	373.01
				STATE TAX	140.37
				*RETIREMENT	386.41
				*OPEB	177.07
				SOC SEC	297.71
				MEDICARE	69.63
				CASDI	43.22
				*BLUSHLDTRI	71.71
				*PREMACCESS	.00
				VISION-VSP	.00
				SEIU1000D	77.89
				CSEA ADD	5.00
				ARAG GROUP	10.19
				*VSPPREMIER	8.46

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMNT	SOC SEC	HLTH/FLEX
1618.88	297.71	702.93
MEDICARE	VISION	OPEB
69.63	8.27	177.07

8/23 BEGIN	BAL	CREDIT	USED	MISC	9/23 BEGIN
ANNUAL	41.00	11.00	9.50	0.00	42.50
SICK LV	40.00	0.00	0.00	0.00	40.00
PH	1.00	0.00	0.00	0.00	1.00 UNITS
TRNG/DEV	13.00	0.00	0.00	0.00	13.00

*SCO ENCOURAGES YOU TO SIGN UP FOR DIRECT DEPOSIT,
A QUICK AND EASY WAY TO ACCESS YOUR MONEY.
SIGN UP TODAY AT SCO.CA.GOV/PPSD_SE_DIRECT_DEPOSIT.HTML

STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
05-009429

DIRECT DEPOSIT ADVICE

AMOUNT DEPOSITED

DOLLARS	CENTS
***31	42

TO J D VARGAS

291-263
AGENCY UNIT*NOT
NEGOTIABLE*MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA

STATEMENT OF EARNINGS AND DEDUCTIONS

OFFICE OF STATE CONTROLLER

J D VARGAS

SOC SEC NO 3500

AGY/UNIT 291-263 PAY PERIOD 09/23

DIRECT DEP # 05-009429

TAX YEAR 23 ISSUE DATE 10/10/23

BANK TRANSIT

ST S00 FD S OTHIN 0.00 DED 0.00 DEP 0.00

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	50.00	50.00	18.58	31.42
YEAR-TO-DATE ¹	44491.50			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
TELEWRK REM			50.00	FEDERAL TAX	11.00
				STATE TAX	3.30
				SOC SEC	3.10
				MEDICARE	.73
				CASDI	.45

EMPLOYER CONTRIBUTIONS (current and adjustments)

SOC SEC	MEDICARE
3.10	.73

*SCO ENCOURAGES YOU TO SIGN UP FOR DIRECT DEPOSIT,
A QUICK AND EASY WAY TO ACCESS YOUR MONEY.
SIGN UP TODAY AT SCO.CA.GOV/PPSD_SE_DIRECT_DEPOSIT.HTML